VIII. Long-Term Care

Mississippi's long-term care patients (nursing home and home health) are primarily disabled elderly people, who make up 19.8 percent of the 2010 estimated population above age 65. Projections place the number of people in this age group at approximately 452,466 by 2010, with more than 89,500 disabled in at least one essential activity of daily living.

Providing long-term care for the elderly remains an expensive and complex problem in Mississippi and throughout the United States. In the past decade, Mississippi has experienced increases in both the number and the proportion of elderly people. Nearly 18 percent of the state's elderly people are aged 85 or above. This group of "oldest old" grew by 32.6 percent from 1990 to 2000, whereas the total elderly population grew by only 6.9 percent, and the oldest category is expected to double in size by 2010.

The risk of becoming frail, disabled, and dependent rises dramatically with age. For many years, authorities believed that because people were living longer, the population was healthier. Medical evidence suggests that this assumption is invalid, that in fact, longer life accompanies increases in the prevalence of chronic illness and disability. Medicine has been successful in dealing with many acute health conditions, increasing the average length of life. But people are often living longer with, and in spite of, some very disabling chronic conditions, which the present health care system can "manage" but not cure. So while the lives of many people have been prolonged through advances in medicine and public health, the quality of an older person's life often suffers. Elders may become dependent on medical technology and on family and professional care providers and many will need assistance for years — not just weeks or months.

These trends pose tremendous challenges for society. Issues include ensuring an adequate supply of trained caregivers, protecting vulnerable groups, and financing expensive long-term care programs with limited resources. In many cases, the greatest needs of elderly people are not medical, but rather a need for help with the basic activities of daily living, such as bathing and dressing. Many have difficulty with activities that require walking — for example, shopping; yet with proper help many people are still able to remain at home.

The U.S. Census' *Profile of Selected Social Characteristics: 2000* estimates that of the 316,049 Mississippians aged 65 and over, 166,819 (52.78 percent) suffer from some form of disability. Drastic increases occur with advancing age in the number of people reporting difficulties and in the number reporting more than one problem and the severity of problems is likely to worsen as the years pass. Nursing home use increases significantly as people grow older — only 2.6 percent of the age 65 to 74 population lives in nursing homes, compared to 7.9 percent of the age 75 to 84 population and 23.9 percent of the population over age 85.

Options for Long-Term Care

When people hear the phrase "long-term care," nursing homes generally come to mind. In reality, most people receive long-term care at home or in the homes of family members. Only 8.6 percent of Mississippi's total population over age 65 lived in a nursing home during calendar year 2003. "Long-term care" simply means assistance provided to a person who has chronic conditions that reduce their ability to function independently. Many people with severe limitations in their ability to care for themselves are able to remain at home or in supportive housing because they have sufficient assistance from family, friends, or community services.

The use of services in the community can play a vital role in helping the elderly maintain some degree of independence and postpone or avoid institutionalization for many people. Examples of these community services include adult day care, senior centers, transportation, meals on wheels or meals at community locations, and home health services. The Older Americans Act provides funding

for many of these services, along with the federal Social Services Block Grant and state funds. The Mississippi Department of Human Services Division of Aging and Adult Services and the state's ten Area Agencies on Aging coordinate the funds and help people aged 60 and older to obtain services. These agencies work with state and local governments, foundations, and private sector businesses to expand funding at the local level and provide as many services as possible to elderly residents. Tables VIII-1 and VIII-2 show the nature and volume of such services throughout the state.

The Mississippi Division of Medicaid funds and directs a statewide program for home and community-based services under a federally granted Medicaid waiver. Under this program, eligible individuals can choose to receive supportive services in their own homes or in the community rather than enter a nursing home. Services include case management, homemaker assistance, home-delivered meals, adult day care, institutional or in-home respite care, escort transportation, and expanded home health services. Participants in the waiver program must be 21 years of age or older, meet nursing home level of care requirements, and need assistance with at least three activities of daily living. Medicaid eligibility criteria include Supplemental Security Income (SSI) beneficiaries, those covered under Poverty Level Aged or Disabled (PLAD), or those with income under 300 percent of the SSI income level.

While home care costs less per person than institutional care, total state costs can be increased tremendously by the large number of people who would likely sign up for in-home services if Medicaid were to pay for them. National surveys have shown that for every person in a nursing home, there are at least two living in the community who are just as sick. These people either refuse to enter a nursing home or have not been able to find an available nursing home bed in their area. Thus states that expand home and community-based programs through Medicaid waivers may wind up with tremendous increases in the number of people applying for the program and tremendous increases in costs as well. This is a major dilemma that all states must resolve, and its solution may lie in a complete re-formulation of long-term care policies.

Table VIII-1
Division of Aging and Adult Services
In-Home and Community Based Services
FY 2004

Area Agency on Aging	In-Home Services		Community Services		Congregate and Home Delivered Meals	
	Clients Served	Units Served	Clients Served	Units Served	Clients Served	Units Served
Central	1,030	56,347	2,166	114,533	3,676	588,472
East Central	1,475	55,595	3,380	43,735	1,563	338,157
Golden Triangle	1,960	104,295	1,353	47,365	1,814	433,468
North Central	1,603	20,932	4,893	10,117	2,384	563,964
North Delta	2,094	77,448	482	35,484	1,725	386,687
Northeast	2,464	166,344	1,473	30,737	1,613	250,491
South Delta	2,960	134,313	294	24,390	5,504	324,792
Southern	1,287	55,623	1,344	130,808	3,614	420,043
Southwest	3,137	28,343	3,463	96,549	1,471	405,767
Three Rivers	1,201	53,270	6,607	55,545	2,089	280,784
Total	**19,211**	**752,510**	**25,455**	**589,263**	**25,453**	**3,992,625**

In-Home Services include: Case Management, Homemaker, Visitation and Telephone Reassurance, Residential Repair, Emergency Response, Respite Care, Special Needs and Medicaid Waiver.

Community Services include: Transportation, Outreach, Adult Day Care, Information and Referral, Ombudsman, Senior Center Activities, Legal, and Senior Discount.

Table VIII-2
Community Based Services Client Demographic Mix
FY 2004

Area Agency on Aging	Minority Served	Frail Disabled Served	Rural Served	Below Poverty Served	Below Poverty Minority	Socially Needy Served	Unduplicated Clients Served
Central	3,445	3,615	3,315	3,188	2,451	4,871	5,236
East Central	2,996	666	5,991	5,325	2,396	4,660	6,659
Golden Triangle	1,435	2,089	1,403	1,534	1,064	2,289	2,377
North Central	1,685	2,215	2,754	1,707	1,153	2,424	2,911
North Delta	1,948	2,592	2,456	2,069	1,551	2,802	2,898
Northeast	655	2,486	2,574	1,741	452	2,642	2,975
South Delta	4,008	5,033	3,812	4,148	3,406	5,234	5,280
Southern	2,143	4,054	2,923	2,722	1,253	5,369	6,000
Southwest	3,474	4,469	4,263	3,061	2,393	4,759	5,569
Three Rivers	712	2,328	815	2,002	486	2,705	3,047
Total	**22,501**	**29,547**	**30,306**	**27,497**	**16,605**	**37,755**	**42,952**

Source: Department of Human Services, Division of Aging and Adult Services

Housing for the Elderly

Policy makers throughout the country are beginning to realize that many elderly people do not need skilled nursing care on a daily basis; they simply need safe, affordable housing and some assistance with the activities of daily living. Several states are exploring ways to expand supportive housing for the elderly. Such housing can take many forms.

"Board and care homes" are residences providing rooms (often semi-private), shared common areas, meals, protective oversight, and help with bathing, dressing, grooming, and other daily needs. Around the country, states license these homes under many different names. The size and type of homes, licensing requirements, staffing, costs, and the type of resident considered appropriate for this type of care vary widely.

In Mississippi these facilities are licensed as personal care homes: Personal Care Home – Residential Living and Personal Care Home – Assisted Living. Both of these facilities provide residents a sheltered environment and assistance with the activities of daily living. Additionally, Personal Care Homes - Assisted Living may provide additional supplemental medical services that include the provision of certain medical services and emergency response services.

The state currently has 181 licensed personal care homes, with a total of 4,700 licensed beds. Mississippi Medicaid operates an Assisted Living Waiver program which is piloted in seven counties: Bolivar, Sunflower, Lee, Hinds, Newton, Forrest, and Harrison. To participate in this waiver, individuals must be 21 years of age or older, meet nursing home level of care, and need assistance with at least three activities of daily living or have a diagnosis of Alzheimer's Disease or other dementia and need assistance with two activities of daily living. Facilities must be licensed by the MDH as a Personal Care Home - Assisted Living to become a Medicaid provider for participation in the waiver. Individuals will be responsible for the cost of room and board and Medicaid will pay a flat, daily rate for services received within the facility. Services include personal care services, homemaker, chore, attendant care, medication oversight, therapeutic social and recreational programming, medication administration, intermittent skilled nursing services, transportation specified in the plan of care, and attendant call systems. Medicaid eligibility criteria include SSI beneficiaries, those covered under Poverty Level Aged and Disabled (PLAD), or those with income under 300 percent of the SSI income level.

"Retirement communities" or "senior housing facilities" have become common around the state. These communities usually provide apartments for independent living, with services such as transportation, weekly or bi-weekly housekeeping, and and one to three meals daily in a common dining room. Many of these facilities include a licensed personal care home where the resident may move when he or she is no longer physically or mentally able to remain in their own apartment. Most facilities do not require an initial fee and do not sign a lifetime contract with their residents. They generally offer only independent living and personal care ― most do not include a skilled nursing home as a part of the retirement community.

Another type of retirement center, called a "continuing care retirement community" (CCRC) includes three stages: independent living in a private apartment, a personal care facility, and a skilled nursing home. This type of facility enters into a contract with residents whereby the resident pays a substantial fee upon entering the CCRC and the facility agrees to provide care for the remainder of the resident's life.

Financing for Long-Term Care

Most Americans are astounded to learn of the scarcity of financial help available for long-term care. Many people assume that Medicare pays for these services; in fact, Medicare funds a maximum of 100 days in a Medicare-certified skilled nursing facility only after a hospital stay of at least three days and only if the attending physician certifies the patient as needing skilled nursing or

rehabilitative services. Even under these conditions, only the first 20 days are completely covered. For the remaining 80 days, the individual must make a co-payment. Furthermore, only 75.7 percent of Mississippi's skilled nursing homes are certified to participate in the Medicare program (140 of 185 nursing homes). The number of nursing homes certified for Medicare has increased substantially in recent years, but many still do not choose to participate in the program.

Swing-beds provide a valuable transition from hospital care for many Medicare-eligible patients who are initially not well enough to go home, but who can return home following an additional period of recuperation. Without the extended care provided in a swing-bed, many of these patients would become nursing home residents. Fifty-three hospitals participated in the swing-bed program during FY 2004 and provided care equivalent to approximately 194 nursing home beds. However, federal law limits the swing bed program to rural hospitals of fewer than 100 beds. Chapter XI offers additional information on swing bed services.

Mississippi also has nine Medicare-certified long-term acute care hospitals presently in operation and one additional facility with CON authority to provide long-term acute care services. These hospitals provide extended care to patients who require no more than three hours of rehabilitation per day but who have an average length of stay greater than 25 days. As with swing beds, these hospitals allow patients a longer period of recuperation to possibly avoid admission to a nursing home.

In addition, licensed acute care hospitals may designate a portion of their beds as a "distinct part skilled nursing facility." These hospitals may then receive Medicare certification as a skilled nursing facility for those apportioned beds if the beds are located in a physically identifiable, distinct part of the hospital and meet all the certification requirements of a skilled nursing facility. A total of 14 hospitals with 206 beds are in operation.

Medicare also finances home health care when medically necessary and ordered by a physician. This care is more important than ever before as hospital stays become shorter and patients are discharged in a "sicker" condition. However, Medicare regulations require that the patient be housebound, be under the care of a physician, and need skilled nursing care, physical therapy, or occupational therapy. Chapter XIII provides information on home health services in Mississippi.

Nationally, Medicare has become one of the largest funding sources for home health services, and Medicare funding for short stays in nursing homes is increasing. Nevertheless, Medicare remains a medical model intended to pay for short term acute care, not extended long-term care services.

Medicaid

Medicaid is the primary payor of long term skilled nursing care in the United States. Nearly 18 percent of the Medicaid budget in Mississippi goes to long term care, with approximately 70 percent of the nursing home care funded by Medicaid. However, an individual's assets and income must be very low to qualify for the Medicaid program.

Nursing home care is very expensive, averaging $40,000 a year in Mississippi. Many people enter nursing homes as private pay patients and exhaust their assets after a short time. Then, they must rely on Medicaid to pay for their care. Patients or their families pay for approximately 11 percent of the nursing home care in Mississippi.

Long-Term Care Insurance

Long-term care insurance, a relatively new product in the insurance marketplace, is still evolving to better meet consumers' needs. For some people, a long-term care insurance policy is an affordable and attractive option. For others, the high cost or the benefits they can afford are too small to make a policy worthwhile.

The MDH recognizes and encourages the efforts of the nursing home industry, working with the insurance industry, the American Association of Retired Persons, and others toward developing a suitable program of long-term care insurance. While not an immediate solution to the problem of funding long-term care, the potential for broader coverage through employer contributions and earlier enrollment at an age where premiums are more affordable does hold promise for improved coverage in the future.

Nursing Facilities

Mississippi has 185 public or proprietary skilled nursing homes, with a total of 17,084 licensed beds. Nineteen entities have received CON approval for the construction of 891 additional nursing home beds and ten facilities have voluntarily delicensed a total of 321 nursing home beds which are being held in abeyance by MDH. This count excludes one nursing home operated by the Mississippi Band of Choctaw Indians, with 120 beds; two nursing homes operated by the Department of Mental Health, with a total of 707 licensed beds in FY 2004; four nursing homes operated by the Mississippi State Veteran's Affairs Board, with a total of 600 beds; and one facility operated by the Mississippi Methodist Rehabilitation Center, with a total of 60 beds dedicated to serving patients with special rehabilitative needs, including spinal chord and closed-head injuries. These beds are not subject to Certificate of need review and are designated to serve specific populations.

To contain escalating costs to the Medicaid program, the Mississippi Legislature placed a permanent moratorium of new nursing home beds in 1980. However, the Legislature periodically grants exemptions to the moratorium for specific areas of the state.

Long-Term Care Beds for Individuals with Mental Retardation and Other Developmental Disabilities

Mississippi had 2,709 licensed beds classified as ICF/MR (intermediate care facility for the mentally retarded) for licensure year 2005. The Department of Mental Health (MDMH) operates five comprehensive regional centers that contain 2,040 active licensed and staffed beds, and five proprietary facilities operate the remaining 669 beds. The residents of the MDMH's regional centers, although they have mental retardation/developmental disabilities, also have severe physical disabilities that result in their requiring care at the nursing home level. Regular nursing facilities are not equipped to serve these individuals.

Map VIII-2 shows the MR/DD Long-Term Care Planning Districts, and Table VIII-5 presents the MR/DD nursing home bed need by Planning District. Both the map and table appear in the criteria and standards section of this chapter. The adopted formula of one bed per 1,000 population less than 65 years of age indicates that the state needs an additional three MR/DD nursing home beds.

The Department of Mental Health has achieved significant progress in developing community living alternatives for persons with mental retardation and developmental disabilities.

The prevailing philosophy on the national and state level is to shift emphasis from large institutions to small specialized facilities within the community. Individuals placed in these facilities need long-term treatment programs that may last for several years. In theory, ICF/MR facilities are transitional - individuals should eventually reach a level of functioning that would allow them to move to a less restrictive environment. Rehabilitative and habilitative training programs continue as long as the individual remains in the facility.

Small facilities of ten or fewer beds in size blend better with the community and more closely follow the tenants of the normalization concept than do large institutions. In accordance with this philosophy, the Department of Mental Health continues the development of small ICF/MR community-based group homes and has received or requested funding for 70 such homes.

The Department of Mental Health has also developed small community-based group homes and supervised apartment programs specifically for individuals with mental retardation/ developmental disabilities. Community mental health/mental retardation centers and private, not-for-profit corporations operate additional homes. The homes and apartments must meet MDMH minimum standards for certification. The residents of these programs generally have a higher level of independence than those in the ICF/MR facilities.

Tables VIII-3 (A) and (B) show the location and type of both the ICF/MR-licensed community-based homes, the additional community-based group homes, and the supervised apartments for individuals with developmental disabilities.

Alzheimer's Disease and Other Related Dementia

Dementia, a clinical syndrome characterized by the decline of cognitive ability in an otherwise alert individual, by definition involves some memory loss. Other cognitive abilities are frequently diminished or lost, including judgment, learning capacity, reasoning, comprehension, and attention and orientation to time, place, and self. The ability to express oneself meaningfully and to understand what others communicate usually also becomes affected.

The Office of Technology Assessment (OTA), U.S. Department of Health Care Financing, estimates that the prevalence of dementia increases dramatically with age from one percent of those individuals aged 65-74 years old, to seven percent of those 75-84 years, to 25 percent of those aged 85 and over. OTA also estimates that 1.8 million persons in the United States have severe dementia. In addition, one to five million people have mild or moderate dementia. The prevalence could more than triple within the next 50 years if there are no changes in the biomedical knowledge base or clinical management of the disease that causes dementia (OTA, 1992).

In general, health status declines with aging, as individuals become more frail and susceptible to multiple chronic illnesses. Cognitive losses become a leading cause of functional and physical decline. As the disease progresses, the individual begins to experience loss in performing personal care tasks and cognitive-dependent home management tasks. These activities are referred to as activities of daily living (ADL) and instrumental activities of daily living (IADL), respectively. Persons with dementia who need physical and behavioral intervention may include persons ranging from ambulatory individuals who are able to do some ADL tasks to individuals who need total care. Estimates of how many persons need both ADL and IADL services range from nine percent of persons who are 65 to 69 years old to 45 percent or above for those 85 and older. The progression of dementia is not caused by a person's age, but by the loss of functions increasing to total disability. The most acute cases are found among persons who are over the age of 80.

Informal networks of families and other caregivers provide the bulk of the care and services for individuals with dementia. These individuals live in a home-like environment for long periods of time regardless of their severe memory impairment and behavioral dysfunctions. Often the spouses or

other caregivers, who endure their loved one's cognitive loss and assume heavy burdens of care over a prolonged period of time, become the less visible victims of dementia. Individuals with dementia may require constant vigilance by their caregivers because of their unpredictable behavior. As time progresses, the caregivers may begin to experience stress-related illnesses and may become more susceptible to problems of advancing age.

As the individual's illness worsens, the caregiver may require help from formal health services or a facility that offers long term residential services. Alternative services provide a continuum ranging from independent living without outside support to assisted living in the home supported by a community day service. Finally, care-givers may seek help from a residential care facility, a nursing facility, or in rare cases, a psychiatric hospital, if there is a history/evidence of a co-occurring mental illness.

Events which precipitate an individual's move from a home environment to a nursing facility are usually related to circumstances, specific events, or symptoms that cause care-giving in the home setting to be too burdensome, stressful, or unsafe. This decision is usually entailed by sickness and/or death of a spouse or care-giver. The challenge for family and care-givers is to determine when home care becomes inappropriate and institutional care becomes a necessity, not a choice.

The 1999 Legislature temporarily lifted the long-term care moratorium to allow the approval of Certificates of Need for a total of 60 nursing facility beds for individuals with Alzheimer's Disease (20-bed units in the northern, central, and southern portions of each of the Long-Term Care Planning Districts), for a total of 240 additional beds. The MDMH has established the Division of Alzheimer's Disease and Other Dementia, with the responsibility of developing and implementing state plans to assist with the care and treatment of persons with Alzheimer's disease and other dementia, including the development of community-based day programs and training needed by caregivers. Two adult day programs for individuals with Alzheimer's Disease/Other Dementia are currently funded and serving as pilot projects. Central Mississippi Residential Center operates Footprint Adult Day Services in Newton and Region 6 Community Mental Health Center (Life Help) operates Garden Park Adult Day Program in Greenwood. Each program serves 20 persons at a time and presently operates at capacity. The Division of Alzheimer's Disease and Other Dementia, in addition to its main DMH office in Jackson, has satellites in Hattiesburg and Long Beach. A training curriculum for education of caregivers (service providers and family members) has been updated and expanded and was made adaptable to different target audiences. Training has steadily increased since program inception.

Table VIII-3 (A)
Mississippi State Department of Mental Health
Bureau of Mental Retardation
Community Living Arrangements
Group Homes*
FY 2004

Provider	Sites
Boswell Regional Center	Brookhaven (3), Hazlehurst (2), Magee (4), Mendenhall (2), Wesson (2)
Ellisville State School	Ellisville (2), Hattiesurg (3), Laurel (3), Prentiss (2), Sumrall (2), Lumberton (2), Columbus, Taylorsville (2), Waynesboro (2), Richton (2)
Hudspeth Regional Center	Brandon, Meridian (2), Whitfield, Morton (2), Louisville (2), Kilmichael (2), Kosciusko (2)
Mississippi Christian Family Services	Rolling Fork (2)
North Mississippi Regional Center	Bruce (2), Corinth (2), Fulton (2), Hernando (2), Oxford, Tupelo (2), Batesville (2), Senatobia (2), Booneville (2)
Region 1 CMHC	Clarksdale
Region 5 CMHC	Greenville and Cleveland
Region 6 CMHC	Greenwood (2)
Region 7 CMHC	Starkville
Region 14 CMHC	Gautier
South Mississippi Regional Center	Biloxi (2), Gautier (3), Gulfport, Picayune, Poplarville (2), Wiggins (2), Waveland (2)
Willowood	Clinton, Pearl, Jackson

*Ten-Bed ICF/MR homes are included in the above chart. The chart does not include 305 individuals served in the HCBs supervised/supported Residential Habilitation programs.

Table VIII-3 (B)
Mississippi State Department of Mental Health
Bureau of Mental Retardation
Community Living Alternatives
Supervised Apartments
FY 2004

Provider	Sites
Boswell Regional Center	Magee, Brookhaven
Ellisville State School	Ellisville, Laurel, Columbus
Hudspeth Regional Center	Brandon, Clinton, Pearl
North Mississippi Regional Center	Oxford, Tupelo
Region 14	Lucedale
South Mississippi Regional Center	Gulfport, Biloxi, Picayune
Region 14, Mental Health Center	Lucedale
Region 15, Warren-Yazoo Mental Health Services	Yazoo City
St. Francis Academy	Picayune
Willowood	Jackson

Certificate of Need
Criteria and Standards
for
Nursing Home Beds

Should the Mississippi Department of Health receive a Certificate of Need application regarding the acquisition and/or otherwise control of major medical equipment or the provision of a service for which specific CON criteria and standards have not been adopted, the application shall be deferred until the Department of Health has developed and adopted CON criteria and standards. If the Department has not developed CON criteria and standards within 180 days of receiving a CON application, the application will be reviewed using the general CON review criteria and standards presented in the *Mississippi Certificate of Need Review Manual* and all adopted rules, procedures, and plans of the Mississippi Department of Health

Policy Statement Regarding Certificate of Need Applications for the Offering of Nursing Home Care Services

1. Legislation

   a. The 1990 Mississippi Legislature imposed a permanent moratorium which prohibits the MDH from granting approval for or issuing a Certificate of Need to any person proposing the new construction of, addition to, expansion of, or conversion of vacant hospital beds to provide skilled or intermediate nursing home care, except as specifically authorized by statute.

   b. Effective July 1, 1990, any health care facility defined as a psychiatric hospital, skilled nursing facility, intermediate care facility, intermediate care facility for the mentally retarded, or psychiatric residential treatment facility that is owned by the State of Mississippi and under the direction and control of the State Department of Mental Health is exempted from the requirement of the issuance of a Certificate of Need under Section 41-7-171 et seq., for projects which involve new construction, renovation, expansion, addition of new beds, or conversion of beds from one category to another in any such defined health care facility.

   c. The 1999 Mississippi Legislature temporarily lifted the 1990 moratorium to allow a 60-bed nursing facility to be added to each of 26 counties with the greatest need between the years 2000 and 2003. The Legislature also permitted CONs for 60 nursing facility beds for individuals with Alzheimer's Disease in the northern, central, and southern parts of each of the Long-Term Care Planning Districts, for a total of 240 additional beds.

   d. Effective April 12, 2002, no health care facility shall be authorized to add any beds or convert any beds to another category of beds without a Certificate of Need.

   e. Effective March 4, 2003, if a health care facility has voluntarily delicensed some of its existing bed complement, it may later relicense some or all of its delicensed beds without the necessity of having to acquire a certificate of need. The Department of Health shall maintain a record of the delicensing health care facility and its voluntarily delicensed beds and continue counting those beds as part of the state's total bed count for health care planning purposes.

2. Long-Term Care Planning Districts (LTCPD): The MDH shall determine the need for additional nursing home care beds based on the LTCPDs as outlined on Map VIII-1. The MDH shall calculate the statistical need for beds in each LTCPD independently of all other LTCPDs.

3. Bed Need: The need for nursing home care beds is established at:

   0.5 beds per 1,000 population aged 64 and under
   14 beds per 1,000 population aged 65-74
   59 beds per 1,000 population aged 75-84
   179 beds per 1,000 population aged 85 and older

4. Population Projections: The MDH shall use population projections as presented in Table VIII-4 when calculating bed need. These population projections are the most recent projections prepared by the Center for Policy Research and Planning of the Institutions of

Higher Learning (March 2002).

5. Bed Inventory: The MDH shall review the need for additional nursing home beds using the most recent information available regarding the inventory of such beds.

6. Size of Facility: The MDH shall not approve construction of a new or replacement nursing home care facility for less than 60 beds. However, the number of beds authorized to be licensed in a new or replacement facility may be less than 60 beds.

7. Definition of CCRC: The Glossary of this *Plan* presents the MDH's definition of a "continuing care retirement community" for the purposes of planning and CON decisions.

8. Medicare Participation: The MDH strongly encourages all nursing homes participating in the Medicaid program to also become certified for participation in the Medicare program.

9. Alzheimer's/Dementia Care Unit: The MDH encourages all nursing home owners to consider the establishment of an Alzheimer's/Dementia Care Unit as an integral part of their nursing care program.

Certificate of Need Criteria and Standards for Nursing Home Care Beds

If the legislative moratorium were removed or partially lifted, the MDH would review applications for the offering of nursing home care under the statutory requirements of Sections 41-7-173 (h) subparagraphs (iv) and (vi), 41-7-191, and 41-7-193, Mississippi Code of 1972, as amended. The MDH will also review applications for Certificate of Need according to the applicable policy statements contained in this *Plan*; the general criteria listed in the *Mississippi Certificate of Need Review Manual*; all adopted rules, procedures, and plans of the MDH; and the specific criteria and standards listed below.

Certificate of Need review is required for the offering of nursing home care services, as defined, if the capital expenditure exceeds $2,000,000; if the licensed bed capacity is increased through the conversion or addition of beds; or if nursing home care services have not been provided on a regular basis by the proposed provider of such services within the period of twelve (12) months prior to the time such services would be offered. Certificate of Need review is required for the construction, development, or otherwise establishment of new nursing home care beds regardless of capital expenditure.

1. **Need Criterion: The applicant shall document a need for nursing home care beds using the need methodology as presented herein: The Long-Term Care Planning District wherein the proposed facility will be located must show a need using the following ratio:**

   0.5 beds per 1,000 population aged 64 and under
   14 beds per 1,000 population aged 65-74
   59 beds per 1,000 population aged 75-84
   179 beds per 1,000 population aged 85 and older

2. The applicant shall document the number of beds that will be constructed, converted, and/or licensed as offering nursing home care services.

3. The MDH should consider the area of statistical need as one criterion when awarding

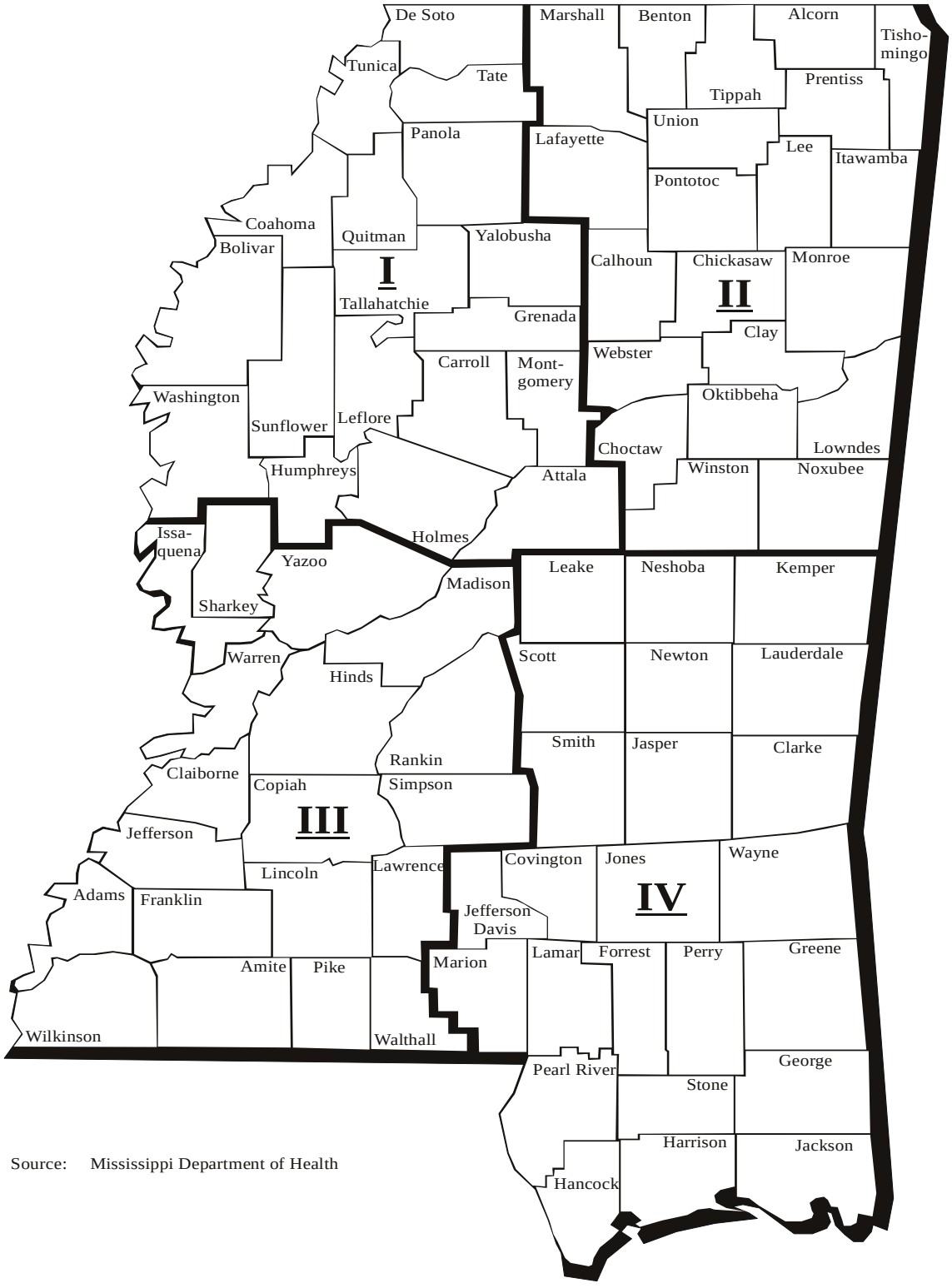
Certificates of Need in the case of competing applications.

4. Any applicant applying for nursing home beds who proposes to establish an Alzheimer's/Dementia Care Unit shall affirm that the applicant shall fully comply with all licensure regulations of the MDH for said Alzheimer's/Dementia Care Unit.

Certificate of Need Criteria and Standards for Nursing Home Beds As Part of a Continuing Care Retirement Community (CCRC)

Entities desiring to establish nursing home beds as part of a CCRC shall meet all applicable requirements, as determined by the MDH, of the policy statements and general CON criteria and standards in the *Mississippi Certificate of Need Review Manual*, the CON criteria and standards for nursing home beds established in this *State Health Plan*.

Map VIII - 1
Long-Term Care Planning Districts



Source: Mississippi Department of Health

Table VIII-4

2006 Projected Nursing Home Bed Need

State of Mississippi												
Long-Term Care Planning District	**Population 0 - 64**	**Bed Need (0.5/1,000)**	**Population 65 - 74**	**Bed Need (14/1,000)**	**Population 75 - 84**	**Bed Need (59/1,000)**	**Population 85+**	**Bed Need (179/1,000)**	**Total Bed Need**	**# Beds in Abeyance**	**Licensed/CON-Approved Beds**	**Difference**
District I	485,277	243	37,741	528	26,597	1,569	13,799	2,470	4,810	182	3,156 / 188	1,284
District II	531,939	266	45,506	637	33,426	1,972	17,531	3,138	6,013	15	3,906 / 120	1,972
District III	730,651	365	55,505	777	40,050	2,363	21,083	3,774	7,279	34	4,676	2,569
District IV	917,838	459	78,021	1,092	55,041	3,247	27,752	4,968	9,766	90	5,346 / 583	3,747
State Total	**2,665,705**	**1,333**	**216,773**	**3,035**	**155,114**	**9,152**	**80,165**	**14,350**	**27,869**	**321**	**17,084 / 891**	**9,573**

Note: Licensed beds do not include 707 beds operated by the Department of Mental Health, 120 beds operated by the Mississippi Band of Choctaw Indians, 600 beds operated by the Mississippi Veteran's Affairs Board, or 60 beds operated by the Mississippi Methodist Rehabilitation Center for the treatment of patients with special disabilities, including persons with spinal cord and closed-head injuries and ventilator-dependent patients.

Sources: Mississippi Department of Health, Division of Licensure and Certification; and Division of Health Planning and Resource Development calculations, May 2005

Population Projections: *Mississippi Population Projections 2005, 2010, 2015.* Center for Policy Research and Planning Mississippi Institutions of Higher Learning, March 2002.

Table VIII-4 (continued)

2006 Projected Nursing Home Bed Need

District I												
County	**Population 0 - 64**	**Bed Need (0.5/1,000)**	**Population 65 - 74**	**Bed Need (14/1,000)**	**Population 75 - 84**	**Bed Need (59/1,000)**	**Population 85+**	**Bed Need (179/1,000)**	**Total Bed Need**	**# Beds in Abeyance**	**Licensed/CON Approved Beds**	**Difference**
Attala	16,420	8.21	1,659	23.23	1,464	86.38	801	143.38	261	0	120 / 60	81
Bolivar	34,141	17.07	2,444	34.22	1,832	108.09	1,063	190.28	350	60	350	-60
Carroll	9,868	4.93	1,065	14.91	652	38.47	333	59.61	118	0	60	58
Coahoma	26,301	13.15	1,912	26.77	1,523	89.86	839	150.18	280	0	206	74
DeSoto	126,962	63.48	9,578	134.09	5,181	305.68	2,347	420.11	923	0	320	603
Grenada	20,939	10.47	1,838	25.73	1,451	85.61	799	143.02	265	0	257	8
Holmes	19,342	9.67	1,372	19.21	1,060	62.54	600	107.40	199	0	148	51
Humphreys	9,109	4.55	638	8.93	506	29.85	278	49.76	93	0	60	33
LeFlore	32,493	16.25	2,268	31.75	1,883	111.10	1,084	194.04	353	0	410	-57
Montgomery	10,239	5.12	1,003	14.04	746	44.01	188	33.65	97	0	120	-23
Panola	33,951	16.98	2,594	36.32	1,911	112.75	969	173.45	339	0	190 / 20	129
Quitman	7,935	3.97	705	9.87	521	30.74	283	50.66	95	0	60	35
Sunflower	29,765	14.88	1,724	24.14	1,319	77.82	746	133.53	250	2	234 / 10	4
Tallahatchie	12,211	6.11	1,081	15.13	816	48.14	439	78.58	148	60	68	20
Tate	24,581	12.29	2,095	29.33	1,343	79.24	677	121.18	242	0	120	122
Tunica	8,939	4.47	608	8.51	393	23.19	212	37.95	74	0	60	14
Washington	50,550	25.28	3,962	55.47	3,077	181.54	1,658	296.78	559	60	296 / 60	143
Yalobusha	11,531	5.77	1,195	16.73	919	54.22	483	86.46	163	0	77 / 38	48
District Total	**485,277**	**242.64**	**37,741**	**528.37**	**26,597**	**1,569.22**	**13,799**	**2,470.02**	**4,810**	**182**	**3,156 / 188**	**1,284**

Table VIII-4 (continued)

2006 Projected Nursing Home Bed Need

District II												
County	**Population 0 - 64**	**Bed Need (0.5/1,000)**	**Population 65 - 74**	**Bed Need (14/1,000)**	**Population 75 - 84**	**Bed Need (59/1,000)**	**Population 85+**	**Bed Need (179/1,000)**	**Total Bed Need**	**# Beds in Abeyance**	**Licensed/CON Approved Beds**	**Difference**
Alcorn	30,568	15.28	3,294	46.12	2,349	138.59	1,229	219.99	420	0	264	156
Benton	6,768	3.38	668	9.35	544	32.10	277	49.58	94	0	60	34
Calhoun	12,545	6.27	1,274	17.84	1,097	64.72	606	108.47	197	0	155	42
Chickasaw	16,423	8.21	1,467	20.54	1,131	66.73	597	106.86	202	0	139	63
Choctaw	8,720	4.36	840	11.76	649	38.29	344	61.58	116	0	73	43
Clay	19,700	9.85	1,496	20.94	1,243	73.34	667	119.39	224	0	180	44
Itawamba	19,978	9.99	2,143	30.00	1,503	88.68	783	140.16	269	0	196	73
Lafayette	37,237	18.62	2,362	33.07	1,746	103.01	885	158.42	313	0	180	133
Lee	74,689	37.34	5,959	83.43	3,907	230.51	2,059	368.56	720	0	487	233
Lowndes	53,875	26.94	4,107	57.50	2,999	176.94	1,557	278.70	540	0	300	240
Marshall	31,496	15.75	2,717	38.04	1,762	103.96	835	149.47	307	0	120 / 60	127
Monroe	34,011	17.01	3,200	44.80	2,361	139.30	1,286	230.19	431	0	332	99
Noxubee	10,831	5.42	810	11.34	656	38.70	345	61.76	117	0	60	57
Oktibbeha	39,527	19.76	2,369	33.17	1,627	95.99	822	147.14	296	0	179	117
Pontotoc	26,468	13.23	2,091	29.27	1,624	95.82	836	149.64	288	0	164	124
Prentiss	22,883	11.44	2,230	31.22	1,606	94.75	858	153.58	291	0	144	147
Tippah	19,510	9.76	1,868	26.15	1,387	81.83	739	132.28	250	0	240	10
Tishomingo	16,893	8.45	2,000	28.00	1,486	87.67	784	140.34	264	15	178	71
Union	23,470	11.74	2,134	29.88	1,637	96.58	879	157.34	296	0	120 / 60	116
Webster	9,166	4.58	876	12.26	760	44.84	411	73.57	135	0	155	-20
Winston	17,181	8.59	1,601	22.41	1,352	79.77	732	131.03	242	0	180	62
District Total	**531,939**	**265.97**	**45,506**	**637.08**	**33,426**	**1,972.13**	**17,531**	**3,138.05**	**6,013**	**15**	**3,906 / 120**	**1,972**

Table VIII-4 (continued)

2006 Projected Nursing Home Bed Need

District III												
County	**Population 0 - 64**	**Bed Need (0.5/1,000)**	**Population 65 - 74**	**Bed Need (14/1,000)**	**Population 75 - 84**	**Bed Need (59/1,000)**	**Population 85+**	**Bed Need (179/1,000)**	**Total Bed Need**	**# Beds in Abeyance**	**Licensed/CON Approved Beds**	**Difference**
Adams	27,048	13.52	2,788	39.03	2,307	136.11	1,224	219.10	408	15	259	134
Amite	11,944	5.97	1,297	18.16	925	54.58	473	84.67	163	0	80	83
Claiborne	11,127	5.56	668	9.35	516	30.44	282	50.48	96	0	77	19
Copiah	25,896	12.95	2,085	29.19	1,605	94.70	834	149.29	286	0	180	106
Franklin	7,197	3.60	675	9.45	569	33.57	295	52.81	99	0	60	39
Hinds	226,873	113.44	15,675	219.45	11,633	686.35	6,417	1,148.64	2,168	19	1,408	741
Issaquena	1,759	0.88	170	2.38	109	6.43	47	8.41	18	0	0	18
Jefferson	8,477	4.24	610	8.54	440	25.96	224	40.10	79	0	60	19
Lawrence	11,951	5.98	1,112	15.57	809	47.73	399	71.42	141	0	60	81
Lincoln	30,288	15.14	2,611	36.55	2,080	122.72	1,105	197.80	372	0	320	52
Madison	86,142	43.07	5,151	72.11	3,631	214.23	1,956	350.12	680	0	395	285
Pike	34,871	17.44	2,917	40.84	2,402	141.72	1,293	231.45	431	0	285	146
Rankin	125,670	62.84	9,660	135.24	5,556	327.80	2,576	461.10	987	0	390	597
Sharkey	5,238	2.62	377	5.28	300	17.70	176	31.50	57	0	54	3
Simpson	25,382	12.69	2,205	30.87	1,646	97.11	837	149.82	290	0	180	110
Walthall	12,794	6.40	1,256	17.58	919	54.22	497	88.96	167	0	137	30
Warren	45,273	22.64	3,670	51.38	2,521	148.74	1,333	238.61	461	0	405	56
Wilkinson	8,545	4.27	700	9.80	578	34.10	313	56.03	104	0	105	-1
Yazoo	24,176	12.09	1,878	26.29	1,504	88.74	802	143.56	271	0	221	50
District Total	**730,651**	**365.33**	**55,505**	**777.07**	**40,050**	**2,362.95**	**21,083**	**3,773.86**	**7,279**	**34**	**4,676**	**2,569**

Table VIII-4 (continued)

2006 Projected Nursing Home Bed Need

District IV												
County	**Population 0 - 64**	**Bed Need (0.5/1,000)**	**Population 65 - 74**	**Bed Need (14/1,000)**	**Population 75 - 84**	**Bed Need (59/1,000)**	**Population 85+**	**Bed Need (179/1,000)**	**Total Bed Need**	**# Beds in Abeyance**	**Licensed/CON-Approved Beds**	**Difference**
Clarke	16,285	8.14	1,525	21.35	1,226	72.33	655	117.25	219	0	135	84
Covington	17,979	8.99	1,588	22.23	1,134	66.91	577	103.28	201	0	60 / 60	81
Forrest	71,593	35.80	4,685	65.59	3,706	218.65	2,007	359.25	679	60	496 / 20	103
George	19,457	9.73	1,683	23.56	1,013	59.77	497	88.96	182	0	60 / 60	62
Greene	14,291	7.15	1,028	14.39	658	38.82	342	61.22	122	0	120	2
Hancock	43,891	21.95	5,027	70.38	3,234	190.81	1,516	271.36	554	0	192 / 50	312
Harrison	174,753	87.38	13,948	195.27	9,708	572.77	4,686	838.79	1,694	0	856 / 80	758
Jackson	132,777	66.39	10,843	151.80	6,414	378.43	2,979	533.24	1,130	0	528	602
Jasper	16,421	8.21	1,440	20.16	1,114	65.73	589	105.43	200	0	110	90
Jefferson Davis	11,750	5.88	1,117	15.64	813	47.97	446	79.83	149	0	60	89
Jones	56,785	28.39	5,175	72.45	4,150	244.85	2,151	385.03	731	0	372 / 60	299
Kemper	8,818	4.41	814	11.40	666	39.29	367	65.69	121	0	81	40
Lamar	42,192	21.10	3,028	42.39	1,987	117.23	993	177.75	358	0	140 / 53	165
Lauderdale	66,509	33.25	5,689	79.65	4,706	277.65	2,663	476.68	867	30	552	285
Leake	19,083	9.54	1,630	22.82	1,342	79.18	699	125.12	237	0	143	94
Marion	23,203	11.60	1,902	26.63	1,651	97.41	854	152.87	289	0	297	-8
Neshoba	27,507	13.75	2,263	31.68	1,846	108.91	1,014	181.51	336	0	208	128
Newton	20,069	10.03	1,763	24.68	1,451	85.61	788	141.05	261	0	120 / 60	81
Pearl River	49,489	24.74	5,453	76.34	3,176	187.38	1,427	255.43	544	0	246 / 120	178
Perry	11,681	5.84	1,019	14.27	638	37.64	293	52.45	110	0	60	50
Scott	25,096	12.55	2,119	29.67	1,523	89.86	798	142.84	275	0	150	125
Smith	14,431	7.22	1,423	19.92	1,043	61.54	513	91.83	181	0	121	60
Stone	14,404	7.20	1,156	16.18	714	42.13	341	61.04	127	0	149 / 20	-42
Wayne	19,374	9.69	1,703	23.84	1,128	66.55	557	99.70	200	0	90	110
District Total	**917,838**	**458.92**	**78,021**	**1,092.29**	**55,041**	**3,247.42**	**27,752**	**4,967.61**	**9,766**	**90**	**5,346 / 583**	**3,747**

Policy Statement Regarding Certificate of Need Applications for the Offering of Nursing Home Care Services for Mentally Retarded and Other Developmentally Disabled Individuals

1. Legislation

   a. The 1990 Mississippi Legislature imposed a permanent moratorium which prohibits the MDH from granting approval for or issuing a CON to any person proposing the new construction, addition to, or expansion of an intermediate care facility for the mentally retarded (ICF/MR).

   b. Effective July 1, 1990, any health care facility defined as a psychiatric hospital, skilled nursing facility, intermediate care facility, intermediate care facility for the mentally retarded, or psychiatric residential treatment facility which is owned by the State of Mississippi and under the direction and control of the State Department of Mental Health is exempted from the requirement of the issuance of a Certificate of Need under Section 41-7-171 et seq., for projects which involve new construction, renovation, expansion, addition of new beds, or conversion of beds from one category to another in any such defined health care facility.

   c. Effective April 12, 2001, no health care facility shall be authorized to add any beds or convert any beds to another category of beds without a Certificate of Need.

   d. Effective March 4, 2003, if a health care facility has voluntarily delicensed some of its existing bed complement, it may later relicense some or all of its delicensed beds without the necessity of having to acquire a certificate of need. The Department of Health shall maintain a record of the delicensing health care facility and its voluntarily delicensed beds and continue counting those beds as part of the state's total bed count for health care planning purposes.

2. MR/DD Long-Term Care Planning Districts (MR/DD LTCPD): The need for additional MR/DD nursing home care beds shall be based on the MR/DD LTCPDs as outlined in Map VIII-2.

3. Bed Need: The need for MR/DD nursing home care beds is established at one bed per 1,000 population less than 65 years of age.

4. Population Projections: The MDH shall use population projections as presented in Table VIII-5 when calculating bed need.

5. Bed Limit: No MR/DD LTCPD shall be approved for more than its proportioned share of needed MR/DD nursing home care beds. No application shall be approved which would over-bed the state as a whole.

6. Bed Inventory: The MDH shall review the need for additional MR/DD nursing home care beds utilizing the most recent information available regarding the inventory of such beds.

Certificate of Need Criteria and Standards for Nursing Home Beds for Mentally Retarded and Other Developmentally Disabled Individuals

If the legislative moratorium were removed or partially lifted, the Mississippi Department of Health would review applications for MR/DD nursing home care beds under the statutory requirements of Sections 41-7-173 (h) subparagraph (viii), 41-7-191, and 41-7-193, Mississippi Code 1972, as amended. The MDH will also review applications for Certificate of Need according to the applicable policy statements contained in this *Plan*; the general criteria as listed in the *Mississippi Certificate of Need Review Manual*; all adopted rules, procedures, and plans of the Mississippi Department of Health; and the specific criteria and standards listed below.

Certificate of Need review is required for the offering of MR/DD nursing home care services, as defined, if the capital expenditure exceeds $2,000,000; if the licensed bed capacity is increased through the conversion or addition of beds; or if MR/DD nursing home care services have not been provided on a regular basis by the proposed provider of such services within the period of twelve (12) months prior to the time such services would be offered. Certificate of Need review is required for the construction, development, or otherwise establishment of new MR/DD nursing home care beds regardless of capital expenditure.

1. **Need Criterion: The applicant shall document a need for MR/DD nursing home care beds using the need methodology as presented below. The applicant shall document in the application the following:**

    a. **using the ratio of one bed per 1,000 population under 65 years of age, the state as a whole must show a need; and**

    b. **the MR/DD Long-Term Care Planning District (LTCPD) where the proposed facility/beds/services are to be located must show a need.**

2. The applicant shall document the number of beds that will be constructed/converted and/or licensed as offering MR/DD nursing home care services.

3. The MDH shall give priority consideration to those CON applications proposing the offering of MR/DD nursing home care services in facilities which are 15 beds or less in size.

Policy Statement Regarding Certificate of Need Applications for a Pediatric Skilled Nursing Facility

Legislation

1. The 1993 Mississippi Legislature authorized the Department of Health to issue a Certificate of Need for the construction of a pediatric skilled nursing facility not to exceed 60 new beds.

2. A pediatric skilled nursing facility is defined as an institution or a distinct part of an institution that is primarily engaged in providing to inpatients skilled nursing care and related services for persons under 21 years of age who require medical, nursing care, or rehabilitation services for the rehabilitation of injured, disabled, or sick persons.

3. The MDH will review applications for the construction of pediatric skilled nursing facility beds using the general CON review criteria and standards contained in the *Mississippi Certificate of Need Review Manual*, criteria and standards for nursing homes and MR/DD contained in the *State Health Plan*, and all adopted rules, procedures, and plans of the Mississippi State Department of Health.

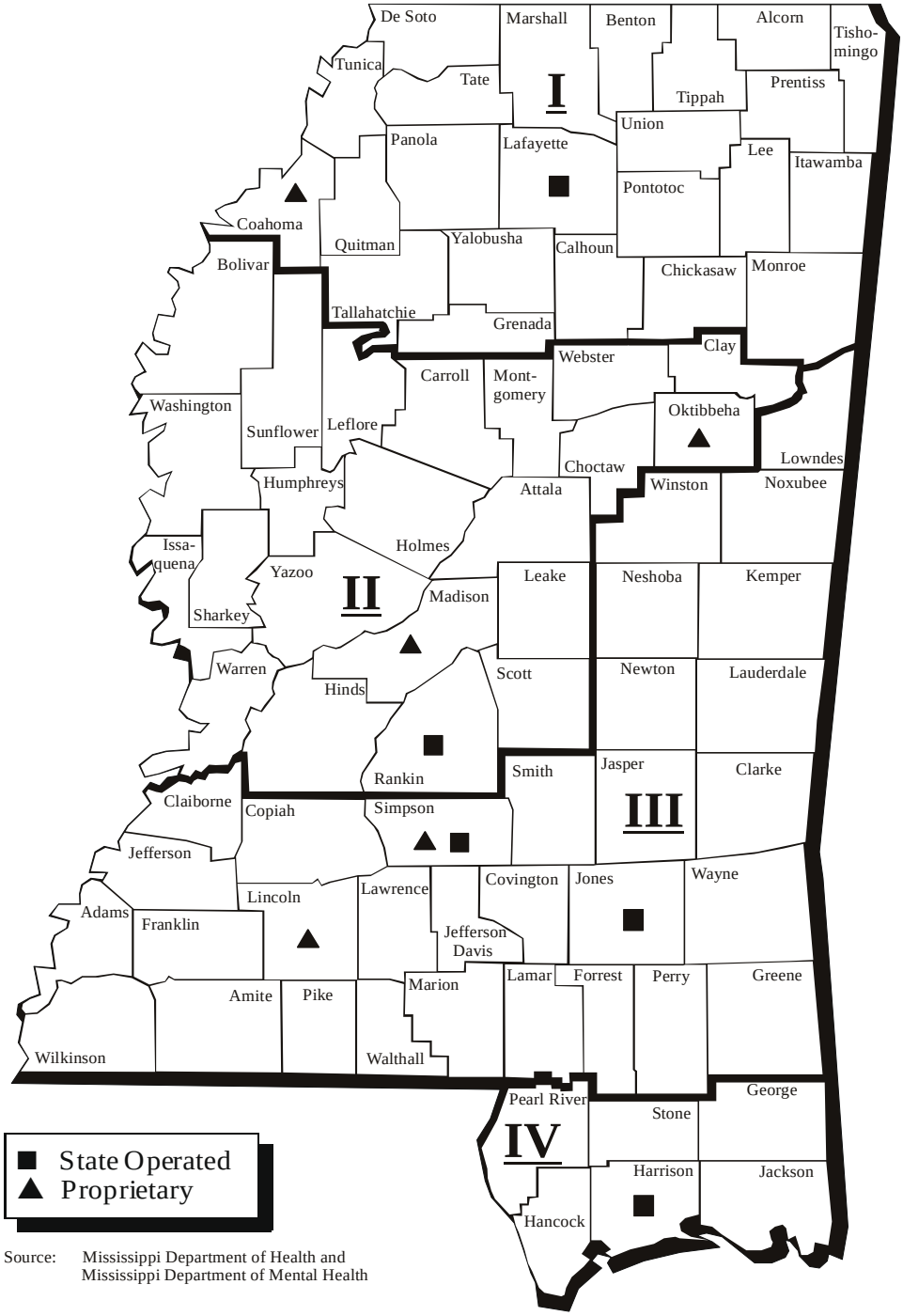
4. Effective April 12, 2002, no health care facility shall be authorized to add any beds or convert any beds to another category of beds without a Certificate of Need under the authority of Section 41-7-191(1)(c).

5. Effective March 4, 2003, if a health care facility has voluntarily delicensed some of its existing bed complement, it may later relicense some or all of its delicensed beds without the necessity of having to acquire a certificate of need. The Department of Health shall maintain a record of the delicensing health care facility and its voluntarily delicensed beds and continue counting those beds as part of the state's total bed count for health care planning purposes.

Map VIII - 2

Mentally Retarded/Developmentally Disabled Long-Term Care Planning Districts and Location of Existing Facilities

(ICF/MR - Licensed)



Source: Mississippi Department of Health and Mississippi Department of Mental Health

Table VIII-5
2006 Projected MR/DD Nursing Home Bed Need
(1 Bed per 1,000 Population <65)

	2006 Projected Pop. <65	2004 Licensed Beds	Projected MR/DD Bed Need	Difference
Mississippi	**2,665,705**	**2,709**	**2,666**	**-43**
District I	**646,289**	**602**	**646**	**44**
Alcorn	30,568		31	31
Benton	6,768		7	7
Calhoun	12,545		13	13
Chickasaw	16,423		16	16
Coahoma	26,301	132	26	-106
DeSoto	126,962		127	127
Grenada	20,939		21	21
Itawamba	19,978		20	20
Lafayette	37,237	470	37	-433
Lee	74,689		75	75
Marshall	31,496		31	31
Monroe	34,011		34	34
Panola	33,951		34	34
Pontotoc	26,468		26	26
Prentiss	22,883		23	23
Quitman	7,935		8	8
Tallahatchie	12,211		12	12
Tate	24,581		25	25
Tippah	19,510		20	20
Tishomingo	16,893		17	17
Tunica	8,939		9	9
Union	23,470		23	23
Yalobusha	11,531		12	12

Table VIII-5 (continued)
2006 Projected MR/DD Nursing Home Bed Need
(1 Bed per 1,000 Population <65)

	2006 Projected Pop. <65	2004 Licensed Beds	Projected MR/DD Bed Need	Difference
District II	**902,225**	**687**	**902**	**215**
Attala	16,420		16	16
Bolivar	34,141		34	34
Carroll	9,868		10	10
Choctaw	8,720		9	9
Clay	19,700		20	20
Hinds	226,873		227	227
Holmes	19,342		19	19
Humphreys	9,109		9	9
Issaquena	1,759		2	2
Leake	19,083		19	19
Leflore	32,493		32	32
Lowndes	53,875		54	54
Madison	86,142	132	86	-46
Montgomery	10,239		10	10
Oktibbeha	39,527	140	40	-100
Rankin	125,670	415	126	-289
Scott	25,096		25	25
Sharkey	5,238		5	5
Sunflower	29,765		30	30
Warren	45,273		45	45
Washington	50,550		51	51
Webster	9,166		9	9
Yazoo	24,176		24	24

Table VIII-5 (continued)
2006 Projected MR/DD Nursing Home Bed Need
(1 Bed per 1,000 Population <65)

	2006 Projected Pop. <65	2004 Licensed Beds	Projected MR/DD Bed Need	Difference
District III	**682,420**	**1,160**	**682**	**-478**
Adams	27,048		27	27
Amite	11,944		12	12
Claiborne	11,127		11	11
Clarke	16,285		16	16
Copiah	25,896		26	26
Covington	17,979		18	18
Forrest	71,593		72	72
Franklin	7,197		7	7
Greene	14,291		14	14
Jasper	16,421		16	16
Jefferson	8,477		8	8
Jefferson Davis	11,750		12	12
Jones	56,785	697	57	-640
Kemper	8,818		9	9
Lamar	42,192		42	42
Lauderdale	66,509		67	67
Lawrence	11,951		12	12
Lincoln	30,288	140	30	-110
Marion	23,203		23	23
Neshoba	27,507		28	28
Newton	20,069		20	20
Noxubee	10,831		11	11
Perry	11,681		12	12
Pike	34,871		35	35
Simpson	25,382	323	25	-298
Smith	14,431		14	14
Walthall	12,794		13	13
Wayne	19,374		19	19
Wilkinson	8,545		9	9
Winston	17,181		17	17

Table VIII-5 (continued)
2006 Projected MR/DD Nursing Home Bed Need
(1 Bed per 1,000 Population <65)

	2006 Projected Pop. <65	2004 Licensed Beds	Projected MR/DD Bed Need	Difference
District IV	**434,771**	**260**	**435**	**175**
George	19,457		19	19
Hancock	43,891		44	44
Harrison	174,753	260	175	-85
Jackson	132,777		133	133
Pearl River	49,489		49	49
Stone	14,404		14	14